

(08/11/13) wef

ASS. REC. BY: ASUL

REF:

CS3/ALH 21012013/RIVF3

0308

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMH 71384at Workshop m/s HAP LKof 160, SW MINOR BL #15-17 ANTELOPE

Insured:

AKH

Policy No.

Claims No.

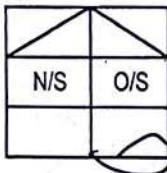
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

82k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMH 71384

Yr Regn:

2019 / JANType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

SKODA OCTAVIA 1.4 AMB TSI A c.c 1395

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

69059

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMBBCTNEOK0080142Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/11/21

D.O.I.

26/11/21

Survey held at

HAP LK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 43ESTIMATE REPAIR RATE/NO. OF DAYS - 4K 5K / 6 days

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) )

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

v jaduc +

BASIC INFORMATION			
Date of Accident:	24/11/2021	Time of Accident:	10.05 PM
Exact Location:	LP 8611 filter lane from upper Serangoon Rd into upper Serangoon viaduct		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMH 7138U	NRIC / FIN / Passport no:	S1644030B
Name of Registered Owner:	Lam My Ben		
Owner's Email:	t4sg@yahoo.com.sg		
Owner's Address:	Blk 298C Compassvale Street #17-68(S) 543298		
Vehicle Make:	Skoda	Vehicle Model:	octavia 1.4 Ambition
Engine Capacity (cc):	1800	Transmission:	(Auto) Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	(Private) Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	China Taiping		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	DMPC SNW00008732/00		

DRIVER			
Name of Driver:	Lam My Ben	<input checked="" type="checkbox"/>	same as
NRIC / FIN / Passport no:	S1644030B	Date of Birth:	02/10/1964
Occupation:	contractor (Indoor) Outdoor	Driving Pass Date:	06/09/1982
Contact Number:	96842893	Gender:	(Male) Female
Address:	Blk 298C Compassvale Street #17-68(S) 543298.		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe (Front to Rear) Others:		
Weather Condition:	(Clear) Raining / Others:		
Road Surface:	(Dry) Wet / Others:		
Was anybody injured?	Yes (No)	Police Report Made?	Yes (No)
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	5JH 219B		
Vehicle Make / Model:	Toyota		
Name of Driver:	Mr Lee		
NRIC / FIN / Passport no:			
Contact Number:	8228 7117		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

25 NOV 21 1150 am.



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

upper serangoon Viaduct

(A)  
(B) SJH 219B

upper serangoon Rd




### Describe Circumstances of the Accident

On 28/11/2021 @ about 10.05pm, I am travelling along upper serangoon Rd slip road into upper serangoon viaduct. I am following through the car ahead of me brake and stop. I too brake and stop. moments later, I felt an impact on my rear portion.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	030B
Vehicle No.:	SMH7138U
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Nov 2021
Vehicle Make:	SKODA
Vehicle Model:	OCTAVIA 1.4 AMBITION TSI (A)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	CZD192794
Chassis No.:	TMBBC7NE0K0080142
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$19,109.00
Original Registration Date:	30 Jan 2019
First Registration Date:	30 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$19,109.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jan 2029
PARF Rebate Amount:	\$14,331.00
COE Expiry Date:	29 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,989.00
COE Rebate Amount:	\$24,358.00
Total Rebate Amount:	\$38,689.00

The information contained herein is correct as at 29 Nov 2021

OK



# Skoda Octavia 1.4A TSI Ambition

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

**\$100,800**

Depreciation ⓘ

\$10,250 /yr

[View models with similar depre](#)

Reg Date

29-Oct-2020

(8yrs 10mths 29days COE left)

Mileage

15,000 km (13.8k /yr)

Manufactured ⓘ

2019

Road Tax ⓘ

\$624 /yr

Transmission

Auto

Dereg Value ⓘ

\$46,735 as of today ([change](#))

OMV ⓘ

\$18,870

COE ⓘ

\$41,001

ARF ⓘ

\$18,870

Engine Cap

1,395 cc

Power

110.0 kW (147 bhp)

Curb Weight ⓘ

1,289 kg

No. of Owners ⓘ

1

Type of Vehicle

[Mid-Sized Sedan](#)